



United States
Environmental Protection Agency
Washington, DC 20460

☒ Registration
☐ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Valent BioSciences / 73049-XX <u>UAR</u>		2. EPA Product Manager PM# <u>91</u>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Valent BioSciences / VBC-30051(S-Absciscic Acid)			
5. Name and Address of Applicant (Include ZIP Code) Valent BioSciences Corp. 870 Technology Way Libertyville IL, 60048 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted				<input type="checkbox"/> Plastic	
	If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled				<input type="checkbox"/> Other _____	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Thomas Bade P.h.D.		Title Regulatory Manager	
		Telephone No. (Include Area Code) 847-968-4726	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (S*amped)
2. Signature 		3. Title Regulatory Manager	
Typed Name Thomas Bade		5. Date 6/9/08	



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
1200 Pennsylvania Avenue, N.W.
WASHINGTON, D.C. 20460

Paperwork Reduction Act Notice: The public reporting burden for this collection of information is estimated to average 1.25 hours per response for registration and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, N.W., Washington, DC 20460. Do not send the completed form to this address.

Certification with Respect to Citation of Data

Applicant's/Registrant's Name, Address, and Telephone Number Valent BioSciences Corp. 870 Technology Way, Libertyville, IL 60048	EPA Registration Number/File Symbol 73049-XX
Active Ingredient(s) and/or representative test compound(s) VBC-30051 (S-Absciscic Acid) Soluble Granule formulation	Date June 9, 2008
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 158) For use on Ornamentals (stress reduction) and grapes (color Development)	Product Name ConTego SG (Ornamentals), ProTone SG (grape)

NOTE: If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

☐ I am responding to a Data-Call-In Notice, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

SECTION I: METHOD OF DATA SUPPORT (Check one method only)

☐ I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

☐ I am using the selective method of support (or cite-all option under the selective method), and have included with this form a completed list of data requirements (the Data Matrix form must be used).

SECTION II: GENERAL OFFER TO PAY

[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements]

☐ I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this application, to the extent required by FIFRA.

SECTION III: CERTIFICATION

I certify that this application for registration, this form for reregistration, or this Data-Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration, or the Data-Call-In response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.

I certify that for each exclusive use study cited in support of this registration or reregistration, that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.

I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered (i) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (ii) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.

I certify that in all instances where an offer of compensation is required, copies of all offers to pay compensation and evidence of their delivery in accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the Agency upon request. Should I fail to produce such evidence to the Agency upon request, I understand that the Agency may initiate action to deny, cancel or suspend the registration of my product in conformity with FIFRA.

I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature 	Date 6/9/08	Typed or Printed Name and Title Thomas Bade, Regulatory Manager
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401 M Street, S.W.
WASHINGTON, D.C. 20460

Form Approved OMB No. 2070-0060

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DATA MATRIX

Date	June 9, 2008	EPA Reg No./File Symbol	73049-	Page 1 of 1	
Applicant's/Registrant's Name & Address Valent BioSciences Corporation, 870 Technology Way, Livertyville, IL, 60048		Product Soluble Granule Formulation; (VBC-30051), ConTego SG, ProTone SG			
Ingredient S-Abciscic Acid (S-ABA); (S)-5-(1-hydroxy-2,6,6-trimethyl-4-oxo-2-cyclohexen-1-yl)-3-methyl-(2Z,4E)-pentadienoic acid, [CAS # 21293-29-8]					
Guideline Reference Number	Guideline Study Name	MRID Number	Submitter	Status	Note
880.1100	VBC-30051 Product Identity Formulation, # 30051; 056-6	46895620	Valent BioSciences EPA # 73049	OWN	
880.1100	VBC-30051 Product Identity Formulation, # 30051; 027-5	47067905	Valent BioSciences EPA # 73049	OWN	
830.1750	VBC-30051 5-lot analysis, cet limit, #VBC07-48060-07		Valent BioSciences EPA # 73049	OWN	
830.6302, .6303, .6304, .7000, .7300	30051 - Phys Chem Charact, pH, Density PTRL # 1614W		Valent BioSciences EPA # 73049	OWN	
830.6313	30051 - Stability, Temp, Metals & Ions, PRTL#1612W-001		Valent BioSciences EPA # 73049	OWN	
830.6315	30051 - Flammability, Explodability, # 30051; 056-9	46895626	Valent BioSciences EPA # 73049	OWN	
870.1100	30051 - Acute Oral, PSL # 21340	47131405	Valent BioSciences EPA # 73049	OWN	
870.1200	30051 - Acute Dermal, PSL # 21341	47131406	Valent BioSciences EPA # 73049	OWN	
870.1300	30051 - Acute Inhalation, S-ABA 30051; 047-01	47151202	Valent BioSciences EPA # 73049	OWN	
870.2400	30051 - Primary Eye Irritation, PSL # 21342	47131407	Valent BioSciences EPA # 73049	OWN	
870.2500	30051 - Primary Dermal Irritation, PSL # 21343	47131408	Valent BioSciences EPA # 73049	OWN	
870.2600	30051 - Dermal Sensitization, PSL # 21344	47131409	Valent BioSciences EPA # 73049	OWN	
Signature	Thomas Bade		Name and Title Thomas Bade, Regulatory Manager	Date	6/9/08



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Signature			Name and Title Thomas Bade, Regulatory Manager		Date <u>6/9/08</u>